

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 211

County Registrar No. 66

Local Registrar No. 22

1. County of Gila  
District of Line Oak  
Town of Miami  
or  
City of \_\_\_\_\_

No. K-27 Line Oak Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Inez Corralis

(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child male  
To be answered ONLY in event of plural births.

4. Twin, triplet or other \_\_\_\_\_

6. Legitimate? yes

7. Date of birth January 21, 1925  
Month Day Year

5. No., in order of birth \_\_\_\_\_

8. FATHER  
Full name Camilo Corralis

14. MOTHER  
Full maiden name Francisca Hernandez

9. Residence (Usual place of abode) K-27 Line Oak  
If non-resident, give place and state. Miami Ariz

15. Residence (Usual place of abode) K-27 Line Oak Miami  
If non-resident, give place and state. Ariz

10. Color or race Mexican  
11. Age at last birthday 25 (Years)

16. Color or race Mexican  
17. Age at last birthday 20 (Years)

12. Birthplace (city or place) \_\_\_\_\_  
(State or country) Mexico

18. Birthplace (city or place) \_\_\_\_\_  
(State or country) Mexico

13. Occupation Miner  
Nature of industry Copper

19. Occupation Housewife  
Nature of industry \_\_\_\_\_

20. Number of children of this mother  
(Taken as of time of birth of child herein certified and including this child.)  
(a) Born alive and now living 2  
(b) Born alive but now dead 1  
(c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive at 9:40 A m. on the date above stated  
(Born alive or stillborn.)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature J. F. Wright  
(Physician or midwife)  
Address Miami, Ariz

Given name added from a supplemental report \_\_\_\_\_  
Month, day, year \_\_\_\_\_  
Registrar \_\_\_\_\_  
Filed Jan 25, 1925 Nelson D. Brayton Local Registrar.  
219, 1925 G. E. Wright County Registrar.

932-121-689